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STATE FILE   NEW MEXICO CIL CONSERVATION COMMISSION   SOUTHERS ON A CLIMATE   REQUEST FOR ALLDWASE   Southers Out Climate   District   Climate	POITUBIRTES	1			
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AUTHORIZATION TO TRANSPORT CIL AND NATURAL GAS  LAND OFFICE  TRANSPORTER  OPERATOR  P.O. BOX 460, Robbs, New Mexico 83240  Recognistic Concoc Inc.  Authorization Office  P.O. BOX 460, Robbs, New Mexico 83240  Recognistic Concoc Inc.  Authorization Office  P.O. BOX 460, Robbs, New Mexico 83240  Recognistic Concoc Inc.  Authorization Office  P.O. BOX 460, Robbs, New Mexico 83240  Recognistic Concoc Inc.  Authorization Concoc Inc.  Authorization Office Properties  Change of corporate name from Continental Oil Company effective Continental Oil Continental Oi					
U.S.G.S.  LAND GEFICE  IF HANSPORTER   DIL   IF HANSPORTER   GAS   DPERATOR   PROPATION OFFICE  Update   Decimal   P.O. Box 460, Hubbs, New Mexico 83240  Recognistion contact   Recognistion   Dil   Recognistion   Dil   Change in Connectable   Conditionate   Dil   Change in Confirmation   Change of corporate name from Continental 0il Company effective Contact in Co		AND  Effective 1-1-55			
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OPERATOR		<del></del>			
OPERATOR  PROMATION OFFICE  Conoco Inc.  Address  P.O. Box 460, Nobbs, New Mexico 83240  Responsible thing states proper bust  New Well  Recompletion  Oit  Condensate  Conden	IRANSPORTER				
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Conoco Inc.  Address  P. O. Box 460, Hobbs, New Mexico 83240  Recount) for riding (Inc. proper 2017)  New Well  Recompletion  Other (Please explain)  Change of corporate name from Continental Oil Company effective  Change of corporate name from Continental Oil Company effective  July 1, 1979.  If change of ownership give name and address of previous owner  I. DESCRIPTION OF WELL AND LEASE  Lette Name  Lette Name  Lette Name  Lette Name  Pet No. Pool Name, Instituting Tornstion  Unit Letter  B: Coloo Feet From The N Line and 1180 Feet From The E  Line of Section 35 Township 175 Range 34-E NMFM.  Name of Authorized Transporter of Cit So of Condensate Address (Give address to make appropried copy of this form is to be sent Mobil Pipeline  Name of Authorized Transporter of Cit So of Condensate Address (Give address to make appropried copy of this form is to be sent Mobil Pipeline  Name of Authorized Transporter of Cit So of Condensate Address (Give address to make appropried copy of this form is to be sent Mobil Pipeline  Name of Authorized Transporter of Cit So of Condensate Address (Give address to make appropried copy of this form is to be sent Mobil Pipeline  Name of Authorized Transporter of Cit So of Condensate Address (Give address to make appropried copy of this form is to be sent Mobil Pipeline  Name of Authorized Transporter of Cit So of Condensate Address (Give address to make appropried copy of this form is to be sent Mobil Pipeline  Name of Condensate Address (Give address to make appropried copy of this form is to be sent Mobil Address (Give address to make appropried copy of this form is to be sent Mobil Address (Give address to make appropried copy of this form is to be sent Mobil Address (Give address to make appropried copy of this form is to be sent Mobil Address (Give address to make appropried copy of this form is to be sent Mobil Address (Give address to make appropried copy of this form is to be sent Mobil Address (Give address to make appropried copy of this form is to be sent Mobil Address	TROUBLE TION OFFICE				
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I. DESCRIPTION OF WELL AND LEASE  Lease Name  State H-35  Township  Location  Unit Letter  B: 660  Feet From The  Line and 1780  Feet From The E  Line of Section 35  Township	Change in Ownership	Castrighead Gas Condi	ensate July 1, 1979.		
Unit Letter B : 660 Feet From The N Line and 1780 Feet From The E  Line of Section 35 Township 178 Range 34-E , NMPM, (2) Co.  1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cit (2) or Condensate Mobil Pipeline Midland, Tx  Name of Authorized Transporter of Cossingness Gas or Cry Gas Address (Give address to which approved copy of this form is to be sent Midland, Tx  Name of Authorized Transporter of Cossingness Gas or Cry Gas Address (Give address to which approved copy of this form is to be sent Midland, Tx  Name of Authorized Transporter of Cossingness Gas or Cry Gas Address (Give address to which approved copy of this form is to be sent Midland, Tx  If the ell produces oil or liquids, Unit Sec. Twp. Pge. Is gas actually connected? When the production of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion — (X)  Date Spussed  Date Comp. Ready to Prod.  Date Spussed  Date Comp. Ready to Prod.  Total Depth  Depth Casing Shee	Leise Name	Keil No. Pool Name, including	_	Lease 110.	
Unit Letter B: 660 Feet From The N Line and 1780 Feet From The E  Line of Section 35 Township 175 Range 34-E, NMPM, CB Co.  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nome of Authorized Transporter of Oil S or Condensate Address (Give address to which approved copy of this form is to be sent Midland TX  Note of Authorized Transporter of Casinghead Gas S or Dry Gas Address (Give address to which approved copy of this form is to be sent Midland TX  Note of Authorized Transporter of Casinghead Gas S or Dry Gas Address (Give address to which approved copy of this form is to be sent Midland TX  Note of Authorized Transporter of Casinghead Gas S or Dry Gas Address (Give address to which approved copy of this form is to be sent Midland TX  If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When TO-10-78  If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudged  Date Comp. Ready to Prod.  Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Off/Gas Pay Tubing Depth  Depth Casing Shoe	State H-33	1 Yawww W	7017 COWD 1 MARGET 020101.0	0-31-16	
Line of Section 35 Township 17-S Range 34-E , NMFM, CB CO.  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Cit   S   or Candensate   Address (Give address to which approved copy of this form is to be sent   Mobil   Pipeline   Address (Give address to which approved copy of this form is to be sent   Midland   X	2 1	SOO Feet From The N L	one and 1780 Feet From The	É	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil Score of Condensate	Onit Letter				
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TUBING, CASING, AND CEMENTING RECORD	If this production is commingled.  V. COMPLETION DATA  Designate Type of Complete Spudged  Elevations (DF, RKB, RT, GR, es	Unit Sec. Twp. Rge.  WE14 35 17 34  d with that from any other lease or pooletion — (X)  Date Comp Recay to Prod.	Address (Give address to which approved Mid Land TX  Is gas actually connected? When YES  I, give commingling order number:  New Weil Workover Deepen  Total Depth	Plug Back   Same Restr. Diff. Res	
SACKS CEMENT	If this production is commingled.  V. COMPLETION DATA  Designate Type of Complete Spudged  Elevations (DF, RKB, RT, GR, es	Unit Sec. Twp. P.ge.    NE/4   35   17   34     d with that from any other lease or pool     Oil Well   Gas Well     Date Comp Ready to Prod.	Address (Give address to which approved Midland TX  Is gas actually connected? When Yes  , give commingling order number:  New Well Workover Deepen  Total Depth  Top Oll/Gas Pay	Plug Back   Same Restr. Diff. Res	
HOLE SIZE CASING & TODING SIZE	Note of Authorized Transporter of Pullips Petrology.  If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Complete Spudged  Elevations (DF, RKB, RT, GR, esteriorations)	Unit Sec. Twp. P.qe.  'NE14   35   17   34  d with that from any other lease or pool  letion — (X)   Gas Well    Date Comp Ready to Prod.	Address (Give address to which approved Midland TX  Is gas actually connected? When YES  In give commingling order number:  New Weil Workover Deepen  Total Depth  Top O!!/Gas Pay	Plug Back   Same Restry Diff. Res   P.B.T.D.  Tubing Depth  Depth Casing Shoe	
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V TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to	Name of Authorized Transporter of Pullips Petrology.  If well produces oil or liquids, give location of tanks.  If this production is commingled.  COMPLETION DATA  Designate Type of Complete Spugged  Elevations (DF, RKB, RT, GR, es	Unit Sec. Twp. P.qe.  'NE14   35   17   34  d with that from any other lease or pool  letion — (X)   Gas Well    Date Comp Ready to Prod.	Address (Give address to which approved Midland TX  Is gas actually connected? When YES  In give commingling order number:  New Weil Workover Deepen  Total Depth  Top O!!/Gas Pay	Plug Back Same Resty. Diff. Res P.B.T.D. Tubing Depth Depth Casing Shoe	

UIT WELL able for this depth or be for full 24 hours)

Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
Tubing Pressure	Casing Pressure	Choke Size	Choke Size	
C11-3bls.	Water-Bbis.	Gda - MCF		
	Tubing Pressure	Tubing Pressure Casing Pressure	Tubing Pressure Casing Pressure Choke Size	

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Division Manager

(Title)

Jan Le

(Date) MMOCD (5) FILE

OIL CONSERVATION COMMISSION

APPROVE

BY. District Supervisor

This form is to be filed in compliance with RULE 1104.

tests taken on the weil in accordance with RULE 111.

Addresotions of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN2 2 1979 OIL CONSERVATION COMM. HORES. N. M.